

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/942731

FILING DATE

APPLICANT(S)

5-15-04 CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2			1		
3			1		
4			3		
5			3		
6			3		
7			3		
8			3		
9		1			
10			1		
11			1		
12			3		
13			3		
14			3		
15			3		
16			3		
17			3		
18			3		
19			3		
20		1			
21			1		
22			1		
23			3		
24			3		
25			3		
26			3		
27			3		
28			3		
29			3		
30		1			
31			1		
32			1		
33			3		
34			3		
35			3		
36			3		
37			3		
38			3		
39			3		
40			3		
41		1			
42			1		
43			1		
44					
45			3		
46			3		
47			3		
48			3		
49			3		
50			3		
TOTAL IND.		7			
TOTAL DEP.		129			
TOTAL CLAIMS		136			

5-15-04 CLAIMS					
		5-15-04			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51			3		
52		1			
53			1		
54			1		
55					
56			3		
57			3		
58			3		
59			3		
60			3		
61		1			
62					
63					
64					
65					
66					
67					
68					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					